

MHSOAC Client Stakeholder Project

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Client Stakeholder Project (CSP)

A partnership of two organizations

- * **PEERS**
 - * (People Envisioning & Engaging in Recovery Services)
 - * Is a CONSUMER run organization
- * **CAMHPRO**
 - * (California Association of Mental Health Peer Run Organizations)



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Overview of Deliverables

Contract with the
Mental Health Services Oversight and Accountability Commission
(MHSOAC)

Deliverables

- * Data collection
- * Inventorying of the data
- * Create & implement a client stakeholder process curriculum and provide training & technical assistance for clients
- * Provide client experts to serve on MHSA related committees & work groups
- * Organize client representatives to participate in MHSOAC & other issue specific MHSA meetings.

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Client Stakeholder Project (CSP)

Values

Stakeholder Involvement is necessary for
shaping the mental health system for
positive lasting improvement that is
empowering, effective, and humanizing!

NOTHING ABOUT US WITHOUT US!

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Client Stakeholder Project (CSP)

Mission

Significant increases in the level of participation and meaningful involvement of clients, family members, parent caregivers, and all other stakeholders in all aspects of the public mental health system, including but not limited to, planning, policy development, service delivery, evaluation and budgeting.

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Client Stakeholder Project (CSP)

Goals

- ❖ To obtain a better understanding of current stakeholder processes so that this knowledge can be used for quality improvement purposes.
- ❖ To implement best practices for more effective and inclusive planning processes
- ❖ To ensure increased and meaningful participation of consumers in all levels of the Mental Health Services Act

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How Goals are Accomplished

THROUGH A TEAM EFFORT!

- * Resource Development Associates (**RDA**)
- * Regional Partners (**RP**)
- * Community Advisory Committee (**CAC**)
- * Steering Committee (**SAC**)

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Who's Who?

CSP is partnering with
**Research Development
Associates**



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Who's Who?

Research Development Associates

Manage full scope of Community Planning Process evaluation

- * Develop participant skills, confidence and knowledge using principles of Empowerment Evaluation
- * Ensure validity and reliability of research methods and accuracy of data collection
- * Identify promising practices
- * Support CSP in development of curriculum

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Client Stakeholder Project's Regional Partners

REGIONAL PARTNERS

Far North/Superior Region

Joyce Ott

Southern Region & Los Angeles Counties

Project Return Peer Support Network

Central Region

Consumer Self Help Center

San Francisco Bay Area

Mental Health Association of San Francisco

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Role of Regional Partners

- * Collaboration, planning, outreach
- * Attending & providing logistics for ongoing meetings and trainings (via telephone, video conferencing, and face-to-face)
- * Providing follow-up training/technical assistance
- * Data collection

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Who's Who

COMMUNITY ADVISORY COMMITTEE

Group of **stakeholders** - any individual or entity with an interest in mental health services in the State of California –

- * adults and seniors with serious mental illness; families of children
- * adults and seniors with serious mental illness
- * mental health service providers
- * law enforcement agencies; educational institutions; social service agencies;
- * veterans service organizations; representatives from veterans organizations;
- * providers of alcohol and drug services; health care organizations; and other important interests.

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Who's Who

COMMUNITY ADVISORY COMMITTEE (cont'd)

Also on the CAC, representatives from:

- * National Alliance on Mental Illness (**NAMI**)
- * United Advocates for Children and Families (**UACF**)
- * California Youth Empowerment Network (**CAYEN**)
- * California Association of Mental Health Boards/Commissions (**CALMHB**)

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Community Advisory Committee

- * The role of the CAC will be to advise the CSP on the planning, development, and continuous evaluation of the Project.
- * The role is also to bring the diverse perspectives of California's mental health community to this Project.
- * Using a community planning process to study a community planning process will provide a better understanding of these processes (modeling).

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Community Advisory Committee Diversity

- * **Sex:** 11 women, 7 men
- * **Age:** 18 - 25 years (1); 26 – 40 years (6), 41-59 years (8); over 60 years (3)
- * **Language:** 16 English speakers, 3 bilingual Spanish and English speakers, and 1 member who speaks 5 different Asian languages
- * **Physical Disability:** 1 member identified being physically disabled

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Community Advisory Committee Diversity cont'd

- * **Cultural Ethnicity:**
 - * 8 members identify as Caucasian (Irish, Jewish, German, and unspecified)
 - * 2 members identify as Asian American (Chinese, Vietnamese)
 - * 1 member identifies as Native American
 - * 3 members are African American
 - * 2 members are Latino
 - * 2 members identify as being bicultural (African American/Latino, Caucasian/Latino)

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Community Advisory Committee Diversity cont'd

- **11 counties** – Alameda, Berkeley, Fresno, Orange, Los Angeles, Nevada, Modoc, Sacramento, San Joaquin, Solano, and San Francisco
- * **5 regions** – Superior (2 members), Central (8 members), Bay Area (3 members), Southern (1 member), Los Angeles (3 members) and 1 member who has lived both in the Central/Sacramento Region as well as the Bay Area.

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Community Advisory Committee Diversity cont'd

Geographical expertise:

- * suburban (2 members)
- * urban (3 members)
- * rural (2 members)
- * Combination (9 members)

Lived experience:

- * consumers/clients (13)
- * family members (9)
- * parents of youth/children (3)
- * Caregivers (3)

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Steering Committee

Comprised of members from:

- * NAMI
- * CAYEN
- * UACF
- * CALMHB; &
- * 3 CAC members from Bay Area , Southern and Central Regions

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Deliverable – Evaluation Data Collection

- * **Goal:** Data collection
- * **Primary activities so far:**
 - * Summit (2 ½ day meeting with CAC to develop evaluation plan) and training
 - * Development & vetting the evaluation plan/collection tools
 - * Pilot Period (4 weeks of testing the data collection tools)
- * **Next steps:**
 - * data collection & inventory of community planning practices in all counties and municipalities
 - * Identification of “Best Practices” (RDA & OAC)
 - * Curriculum Development

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Deliverable - Client Experts

- * **Goal:** Provide client experts to serve on MHSA related committees & work groups
- * **Primary activities so far:**
 - * Review & select experts with RP, CAC and SAC.
 - * Nearly 50 applied. 17 diverse individuals selected.
 - * Developed Expert Brochure for advertising (with SAC)
 - * Developed and held training for experts
- * **Next steps:** Disseminate brochure across the state and secure employment of client experts on committees and work groups.

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Some of Our Client Experts



Client Experts

- **Sex:** 12 women, 5 men
- **Age:** 18 - 25 years (3); 26 – 40 years (10), 41-59 years (10); over 60 years (4)
- 2 experts identify as being part of the LGBTQ population
- 3 of the experts identify as having a physical disability
- 14 experts identify as consumers of mental health services

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Client Experts

Language:

- * 14 English speakers, 2 bilingual Spanish and English speakers, and 1 English and Patwa

Cultural & Ethnicity:

- * 4 experts identify as African American
- * 3 identify as Latino
- * 2 experts identify as Middle Eastern
- * 2 experts identify as Asian American
- * 10 identify as Caucasian
- * 1 identifies as Native American
- * Some applicants identified as more than one ethnicity.

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Client Experts

Geographic Diversity:

- * 13 counties
 - * Alameda, Sacramento, Los Angeles, Amador, Tulare, San Bernardino, Monterey, San Luis Obispo, San Diego, Shasta, Santa Clara, Napa, and Contra Costa
- * 5 regions
 - * Superior (1 expert), Central (3 experts), Bay Area (7 experts), Southern (4 experts), and Los Angeles (2 experts)

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Client Expertise Areas

- | | |
|---|---|
| * housing and homelessness (6 experts) | * consumer-run programs (14 experts) |
| * employment (12 experts) | * cultural competency (6 experts) |
| * transportation (1 expert) | * the Americans with Disabilities Act (5 experts) |
| * education (9 experts) | * stigma and discrimination issues (10 experts) |
| * health care (7 experts) | * trauma-informed care (6 experts) |
| * quality improvement (5 experts) | * dual diagnosis (5 experts) |
| * alternative treatments (7 experts) | * veterans (1 expert) |
| * patients' rights advocacy (4 experts) | * youth (3 experts) |
| * the consumer movement (6 experts) | * older adults (3 experts) |
| | * small/rural communities (3 experts) |

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Client Representatives

Goal: Organize client representatives to participate in MHSOAC & other issue specific MHSA meetings.

Primary activities so far:

CSP & Regional Partners:

- * Developed a cover letter and application for client representatives
- * Conducted collaborative outreach with each of our respective network contacts, UACF, NAMI, CAYEN and CALMHB/C
- * Accepted all representatives who applied (130+) as well as including new representatives on a rolling basis
- * Developed a power point and held a webinar training on Effective Client Representation (to be developed into a handbook on Effective Client Representation)

Client Representatives



Client Representatives

- * **Primary activities** so far (continued):
 - * Client Representatives attended 3 meetings
 - * OAC Forum, Monterey (August, 2013)
 - * Client & Family Leadership Committee, Sacramento (August, 2013)
 - * OAC Commission Meeting, Long Beach
- * **Next Steps:**
 - * Host statewide discussion meeting to identify developing trends needing client participation
 - * Develop handbook Effective Client Representation
 - * Continue to organize reps to attend meetings and host training webinars

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Client Stakeholder Project

- * Stakeholder involvement is necessary for shaping the mental health system for positive lasting improvement that is empowering, effective, and humanizing!
- * The CSP is grateful to participate in such a meaningful and important project that aims to include people in decision making and being part of substantial stakeholder involvement!

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Contact Information

On Behalf of Cyndi Eppler & Sally Zinman, Thank you!

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